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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/559,694			Filing Date 01 May, 2006			☐ To be Mailed		
	Substitute	e for Form l	PTO-1360		Applicant(s) KREISEL, WOLFGANG						Page 1 of 1		
					* May be used for additional claims or amendn						ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 10/06/2009		AFTER SEC. AMENDMENT		*		*		*		
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12 13			impr impr	oper			62 63						
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Total			5				Total						
Indep			J				Indep						
Total Depend				19			Total Depend						
Total		1	2	<u> </u> 4			Total						
Claims			_				Claims						

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